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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS** 

1996

<ol> <li>Corporation</li> </ol>	MENT #		8 (						
LISETT	e condomin	IUM ASSOC	IATION, INC.						
Principal Place of Business			Mailing Address					<b>(1 013)( 010)( 015)( 110)</b> (	
1990 MARSEILLES DR. MIAMI BEACH FL 33141		1990 MARSEILLES DR. MIAMI BEACH FL 33141							
							3. Date incorporated or Qualified 09/05/1980	3a. Date of Last 05/01/19	
<del></del>	ace of Business		2a. Mailing Add	dress			4. FEI Number 59-2130925	<b>→</b>	Applied For
Suite, Apt. #, etc		Suite, Apt. #, etc. 27 City & State 28					A0.75	\$8.75 Additional Fee Required	
22						5. Certificate of Status Desired	W-11		
City & State						Election Campaign Financing     Trust Fund Contribution	1 1	May Be	
Zip	Co	ountry	Zip		Countr	y	8. This corporation has liability for inta		
24	25	44	29		30			Yes I No	
	9. Name and A	daress of Curr	ent Registered Agen	ıt	81	Name	10. Name and Address of New Reg	Jistered Agent	··
DAIN DO	ODRIQUEZ				82				
						Street A	fdress (P.O. Box Number is Not Acceptable)		
1990 Marseille dr. Miami Beach Fl 33141									
					84	City		les lite	Codo
				10-	FL. 85 Zip Cox			Code	
<del></del>		643.00		. (* 6.5 (*)		<u> </u>			
or register familiar wil	red agent, or both, i	n the State of Flo	02 and 617.1508, Flor orida. Such change wa ction 617.0503, Florid	is authorize	ed by the con	named corporation's b	poration submits this statement for the purpopard of directors. I hereby accept the appoin	ose of changing its r	egistered office agent. I am
or register familiar will SIGNATURE	red agent, or both, i	n the State of Flo obligations of, Se	orida. Such change wa otion 617.0503, Florid	is authorize a Statutes.	ed by the con	ooration's b	coration submits this statement for the purpo pard of directors. I hereby accept the appoin ured when reinstating:	ose of changing its r	egistered office agent. I am
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oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: SIGNATURE AND TYPES ON PRINTING NAME OF SIGNATURE OR DIRECTOR President

1/17/96 305-864-1143